Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

<u>10-23-10</u>	Address:	543 <u>6 S 250 E</u>
<u>131/75791</u>		Star City, In 46985
<u>Pulaski</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)		theck all that apply)
onal Lab al/Glassware/Equipment (only) tc (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motef ☐ Open No Structure ☐ Other:
at apply) /Ammonia Reaction(s): esphorous/lodine Reaction(s): ble Solvents: laundry room		
r age 18 discovered (check one) tumber present) port to Child Protective Services is to be faxed to the following agen	Investigative Information Dephasion Ephasion Ephasion Retail/Merchant Tip Other: LE cies that serve the location:	
	2 ·	946-6654 946-7193 ontact
	Pulaski boratory Seizure (check one) onal Lab al/Glassware/Equipment (only) to (only) ad: Location (bedroom, kitchen, open at at apply) /Ammonia Reaction(s): osphorous/lodine Reaction(s): ble Solvents: laundry room cactive Metal (Lithium): laundry roo ous Ammonia: aloric Acid Gas Generator(s): re Acid: laundry room re Base: laundry room re Base: laundry room re and location): rage 18 discovered (check one) number present) port to Child Protective Services is to be faxed to the following agen ment: Star City Fire artment: Pulaski County etion Service: Pulaski County	Pulaski boratory Seizure (check one) Pulaski boratory Seizure (check one) Marchian Seizure Location (cond) Outbuilding Marchian Outbuilding Vehicle Marchian Marchian Marchian Marchian

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.